

**FEC
FORM 3X****REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines.

12FE4M5

Academy of Nutrition and Dietetics Political Action Committee

ADDRESS (number and street)

1120 Connecticut Ave. NW

Suite 480

☐ Check if different than previously reported. (ACC)

Washington

DC

20036

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C C00143560

3. IS THIS
REPORT☐ NEW
(N)

OR

☒ AMENDED
(A)

4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

☐ April 15
Quarterly Report (Q1)☐ July 15
Quarterly Report (Q2)☐ October 15
Quarterly Report (Q3)☐ January 31
Year-End Report (YE)☐ July 31 Mid-Year
Report (Non-election
Year Only) (MY)☐ Termination Report
(TER)(b) Monthly
Report
Due On:☐ Feb 20 (M2)☐ May 20 (M5)☐ Aug 20 (M8)☐ Nov 20 (M11)
(Non-Election
Year Only)☐ Mar 20 (M3)☐ Jun 20 (M6)☒ Sep 20 (M9)☐ Dec 20 (M12)
(Non-Election
Year Only)☐ Apr 20 (M4)☐ Jul 20 (M7)☐ Oct 20 (M10)☐ Jan 31 (YE)

(c) 12-Day

PRE-Election

Report for the:

☐ Primary (12P)☐ Convention (12C)☐ General (12G)☐ Special (12S)☐ Runoff (12R)

Election on

M M M / D D D / Y Y Y Y Y Y

in the
State of

(d) 30-Day

POST-Election

Report for the:

☐ General (30G)☐ Runoff (30R)☐ Special (30S)

Election on

M M M / D D D / Y Y Y Y Y Y

in the
State of

5. Covering Period

M M M / D D D / Y Y Y Y Y Y
08 01 2013

through

M M M / D D D / Y Y Y Y Y Y
08 31 2013

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Paul A Mifsud

Signature of Treasurer

Paul A Mifsud

[Electronically Filed]

Date

M M M / D D D / Y Y Y Y Y Y
09 26 2013

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office
Use
Only**FEC FORM 3X**
Rev. 12/2004

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

Academy of Nutrition and Dietetics Political Action Committee

Report Covering the Period: From: M M / D D / Y Y Y Y Y Y
08 / 01 / 2013 To: M M / D D / Y Y Y Y Y Y
08 / 31 / 2013

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, Y Y Y Y Y Y 2013		240362.45
(b) Cash on Hand at Beginning of Reporting Period.....	260664.70	
(c) Total Receipts (from Line 19)	3619.84	97782.05
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	264284.54	338144.50
7. Total Disbursements (from Line 31)	7500.00	81359.96
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	256784.54	256784.54
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	



This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE

of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

Academy of Nutrition and Dietetics Political Action Committee

Report Covering the Period:

From:

 M M / D D / Y Y Y Y Y
 08 01 2013

To:

 M M / D D / Y Y Y Y Y
 08 31 2013
I. Receipts
COLUMN A
Total This Period
COLUMN B
Calendar Year-to-Date

11. Contributions (other than loans) From:

(a) Individuals/Persons Other

Than Political Committees

(i) Itemized (use Schedule A).....

1613.67

22991.83

(ii) Unitemized

2006.17

74290.22

(iii) TOTAL (add

Lines 11(a)(i) and (ii)..... ▶

3619.84

97282.05

(b) Political Party Committees

0.00

0.00

(c) Other Political Committees

(such as PACs).....

0.00

0.00

(d) Total Contributions (add Lines

11(a)(iii), (b), and (c)) (Carry

Totals to Line 33, page 5)

3619.84

97282.05

12. Transfers From Affiliated/Other

Party Committees.....

0.00

0.00

13. All Loans Received

0.00

0.00

14. Loan Repayments Received.....

0.00

0.00

15. Offsets To Operating Expenditures

(Refunds, Rebates, etc.)

(Carry Totals to Line 37, page 5).....

0.00

0.00

16. Refunds of Contributions Made

to Federal Candidates and Other

Political Committees.....

0.00

500.00

17. Other Federal Receipts

(Dividends, Interest, etc.).....

0.00

0.00

18. Transfers from Non-Federal and Levin Funds

(a) Non-Federal Account

(from Schedule H3)

0.00

0.00

(b) Levin Funds (from Schedule H5)

0.00

0.00

(c) Total Transfers (add 18(a) and 18(b))..

0.00

0.00

19. Total Receipts (add Lines 11(d),
12, 13, 14, 15, 16, 17, and 18(c))..... ▶

3619.84

97782.05

20. Total Federal Receipts

(subtract Line 18(c) from Line 19)

3619.84

97782.05

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	0.00	13559.96
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	0.00	13559.96
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	7500.00	67650.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	150.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	150.00
29. Other Disbursements	0.00	0.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	7500.00	81359.96
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	7500.00	81359.96

DETAILED SUMMARY PAGE of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	3619.84	97282.05
34. Total Contribution Refunds (from Line 28(d))	0.00	150.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	3619.84	97132.05
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ►	0.00	13559.96
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) ►	0.00	13559.96

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 6 OF 11

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Academy of Nutrition and Dietetics Political Action Committee

Full Name (Last, First, Middle Initial)

A. Denise A Andersen

Mailing Address 1411 Farmdale road

City

Saint Paul

State

MN

Zip Code

55118-2739

FEC ID number of contributing
federal political committee.

C

Name of Employer

United Hospital

Occupation

Registered Dietitian

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

08 / 13 / 2013

Transaction ID : ACA40559881704EADA35

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Marcia M Bristow

Mailing Address 3528 Harbor Road

City

Shelburne

State

VT

Zip Code

05482-7795

FEC ID number of contributing
federal political committee.

C

Name of Employer

Fueling Fitness PLC

Occupation

Registered Dietitian

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

08 / 13 / 2013

Transaction ID : AF803CC099D324720BC5

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

C. Sarah Conca

Mailing Address 664 Tremont St

Apt 6

City

Boston

State

MA

Zip Code

02118-1223

FEC ID number of contributing
federal political committee.

C

Name of Employer

N/a @ Present

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

08 / 28 / 2013

Transaction ID : A7FFD109AD7E0483285A

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

450.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

Academy of Nutrition and Dietetics Political Action Committee

Full Name (Last, First, Middle Initial)

A. Darlene A Dougherty

Mailing Address 6763 Enchanted Valley Dr

City State Zip Code
Reno NV 89523-1771

FEC ID number of contributing
federal political committee.

C

Name of Employer

Nevada DWSS SNAP

Occupation

Nutrition Specialist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

08 / 28 / 2013

Transaction ID : AD6266FFA413E4DE2B1E

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Linda T Farr

Mailing Address 9201 Pony Express St

City State Zip Code
San Antonio TX 78255-2141

FEC ID number of contributing
federal political committee.

C

Name of Employer

Nutrition Assoc Of San Antonio

Occupation

Owner Consulting Firm

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

08 / 31 / 2013

Transaction ID : A8D4E65D6A09C43B1821

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

C. Trisha Fuhrman

Mailing Address 1932 Prospector Ridge Dr

City State Zip Code
Ballwin MO 63011-4808

FEC ID number of contributing
federal political committee.

C

Name of Employer

Malnutrition Antagonists

Occupation

Registered Dietitian

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

905.00

Date of Receipt

08 / 31 / 2013

Transaction ID : A778735FBC591437F8E6

Amount of Each Receipt this Period

85.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

360.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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NAME OF COMMITTEE (In Full)

Academy of Nutrition and Dietetics Political Action Committee

Full Name (Last, First, Middle Initial)

A. Debra G Hook

Mailing Address PO Box 310037

City

Fontana

State

CA

Zip Code

92331-0037

FEC ID number of contributing
federal political committee.

C

Name of Employer

Children's Hospital Los Angeles

Occupation

Pediatric Dietitian

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

302.00

Date of Receipt

08 / 28 / 2013

Transaction ID : A7B981CFCAD874906B09

Amount of Each Receipt this Period

52.00

Full Name (Last, First, Middle Initial)

B. Dr. Anne Kendall

Mailing Address 2245 NW 24th Ave

City

Gainesville

State

FL

Zip Code

32605-2941

FEC ID number of contributing
federal political committee.

C

Name of Employer

University Of Florida

Occupation

Senior Lecturer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

08 / 11 / 2013

Transaction ID : A44D93DEF75A14E36B14

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Donna S Martin

Mailing Address 3067 Hillsdale Dr

City

Augusta

State

GA

Zip Code

30909-3427

FEC ID number of contributing
federal political committee.

C

Name of Employer

Burke County Board Of Educatio

Occupation

Director, School Nutrition Program

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

08 / 31 / 2013

Transaction ID : A6F88904966DA4A8490F

Amount of Each Receipt this Period

125.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

427.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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NAME OF COMMITTEE (In Full)

Academy of Nutrition and Dietetics Political Action Committee

Full Name (Last, First, Middle Initial)

A. Lorraine E Matthews

Mailing Address 1111 Pinckney St

City

Whiteville

State

NC

Zip Code

28472-2625

FEC ID number of contributing
federal political committee.

C

Name of Employer

Columbus County Health Departm

Occupation

Registered Dietitian

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

08 / 31 / 2013

Transaction ID : A4362F6776298444BB97

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

B. Paul A Mifsud

Mailing Address Suite 2000

120 S Riverside Plz

City

Chicago

State

IL

Zip Code

60606-6995

FEC ID number of contributing
federal political committee.

C

Name of Employer

Academy Of Nutrition And

Occupation

Chief Financial Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

410.00

Date of Receipt

08 / 31 / 2013

Transaction ID : AF50796F4866845DE938

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

C. Paul A Mifsud

Mailing Address Suite 2000

120 S Riverside Plz

City

Chicago

State

IL

Zip Code

60606-6995

FEC ID number of contributing
federal political committee.

C

Name of Employer

Academy Of Nutrition And

Occupation

Chief Financial Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

410.00

Date of Receipt

08 / 31 / 2013

Transaction ID : A63D5A42658004415AC4

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

85.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 10 OF 11

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NAME OF COMMITTEE (In Full)

Academy of Nutrition and Dietetics Political Action Committee

Full Name (Last, First, Middle Initial)

A. Brenda E Richardson

Mailing Address 4972 E Motsinger Rd

City
Salem

State
IN

Zip Code
47167-7759

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self-employed

Occupation

Registered Dietitian

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1065.49

Date of Receipt

08 / 31 / 2013

Transaction ID : AF3110C9D88C24F97B57

Amount of Each Receipt this Period

225.00

Full Name (Last, First, Middle Initial)

B. Pepin Tuma

Mailing Address 1314 Rhode Island Ave NW
Apt 3

City

Washington

State

DC

Zip Code

20005-3710

FEC ID number of contributing
federal political committee.

C

Name of Employer

Academy Of Nutrition And

Occupation

Director, Regulatory Affairs

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.02

Date of Receipt

08 / 31 / 2013

Transaction ID : AD5DF3A48FD2B44178BF

Amount of Each Receipt this Period

41.67

Full Name (Last, First, Middle Initial)

C. Christine K Weithman

Mailing Address 6 Spring Valley Rd

City

Natick

State

MA

Zip Code

01760-1722

FEC ID number of contributing
federal political committee.

C

Name of Employer

Health Management Resources

Occupation

Director, Nutrition Services

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

08 / 25 / 2013

Transaction ID : AC003A84129AD4F5190B

Amount of Each Receipt this Period

25.00

SUBTOTAL of Receipts This Page (optional)..... ►

291.67

TOTAL This Period (last page this line number only)..... ►

1613.67

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 11 OF 11

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Academy of Nutrition and Dietetics Political Action Committee

Full Name (Last, First, Middle Initial)

A. Davis for Congress

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
08		22		2013

Mailing Address **DAVIS FOR CONGRESS**
5956 W Race Avenue

City Chicago State IL Zip Code 60644-1462

Purpose of Disbursement
Danny K. Davis [IL-07-D]

Candidate Name

Rep. Danny K. DavisOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2014
☒ Primary ☐ General
☐ Other (specify) ▼

State: IL District: 07

Category/
TypeTransaction ID : **BB5F0F79B92E54D48AB5**

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

B. Friends of Jim Clyburn

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
08		22		2013

Mailing Address **Friends of Jim Clyburn**
PO Box 12567

City Columbia State SC Zip Code 29211-2567

Purpose of Disbursement
Jim Clyburn [SC-06-D]

Candidate Name

Rep. James E. ClyburnOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2014
☒ Primary ☐ General
☐ Other (specify) ▼

State: SC District: 06

Category/
TypeTransaction ID : **B61A32A3BB2B845E4ADC**

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

C.

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
-------	---	-------	---	-------------

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Amount of Each Disbursement this Period

--

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

7500.00

7500.00
